

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01963

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Marys
 City or town Valley Lee
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. MarysCity or town Valley Lee
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Louise Bennett

3. (b) Social Security Number

4. Sex Female 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Walter Bennett7. Birth date of deceased (mo., day, yr.) 7 1867? 8. (c) If alive, give age _____ years8. AGE: Years 80? Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Maryland
 (Town, county, and state)10. Usual occupation housewife

11. Industry or business _____

12. Name William Biscoe13. Birthplace Maryland14. Maiden name Unknown

15. Birthplace _____

18. Informant Walter BennettAddress Valley Lee, Md.17. Burial (Burial, cremation, or removal) St. Marks Date thereof 2/19/48
 (month) (day) (year)Cemetery or crematory Valley Lee, Md.Location EPB Robinson10. Funeral director Leonardtown, Md.Address 2-18-4819. 2-18-48 19. 2-18-48 Registrar Local

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1948 at 12:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1945 to Feb. 16, 1948 and that I last saw him alive on Feb. 14, 1948Immediate cause of death Coronary sclerosis DURATION 5 yrs.Due to General Arterio sclerosis 10 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

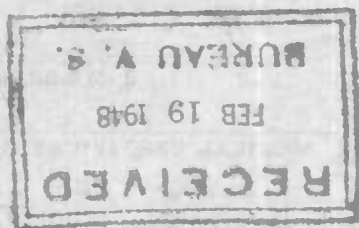
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE PP Beary MD. M. D. or otherAddress Great Mills, Md. Date signed 2-18-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01964

1. PLACE OF DEATH:

County St Marys
 City or town Herrmannville Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 hours
 Hospital, institution, or street address where death occurred:
St Marys Hospital Leonardtown Md
 How long in hospital or institution? 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St Marys
 City or town Herrmannville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Mary Annie Bennett

3. (b) Social Security Number

4. Sex Female 5. Color or race Color 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife John W. Bennett6. (c) If alive, give age 43 years7. Birth date of deceased (mo., day, yr.) May 20 - 19058. AGE: Years 42 Months 6 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Pearson St Marys Maryland
(Town, county, and state)10. Usual occupation House wife11. Industry or business same12. Name William Gordon13. Birthplace St Marys Co14. Maiden name Nancy Gordon15. Birthplace St Marys Co16. Informant John W. BennettAddress Herrmannville Maryland17. Burial Date thereof Feb 7 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St PeterLocation Ridge Maryland18. Funeral director W. E. Matthews & SonsAddress Leonardtown Maryland19. Feb 6 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1948 at 8:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1948 to Feb 4 1948and that I last saw her alive on Feb 4 1948Immediate cause of death myocarditisGentle dilatation of heartDURATION or not known

Due to _____

Due to acute suppurativeappendicitisOther conditions perforated

(Include pregnancy within 3 months of death)

Major findings of operations appendicitis withlocalized peritonitis Date of op. Feb 4, 48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. X. Bryson M. D. or other _____Address Lexington Park Md Date signed Feb 6, 48

RECEIVED

FEB 17 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

01965

1. PLACE OF DEATH:

County St. Marys
City or town New Market
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 days
Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3553 - 16th St. N.W.
(If rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (a) FULL NAME

ROBERT BILSBOROUGH

3. (b) Social Security Number

714-14-6098

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Divorced

6.(b) Name of husband or wife

Mary E. Bilsborough

7. Birth date of deceased (mo., day, yr.) MAY 16 1884

8. AGE: Years Months Days If less than one day
639. Birthplace Frankfort, Penna.
(Town, county, and state)10. Usual occupation Railway Express Clerk11. Industry or business Carpenter12. Name Robert Bilsborough13. Birthplace Shunk, Iowa14. Maiden name Margaret15. Birthplace Phila. Penna.16. Informant Floyd E. TurnerAddress 3553 - 16th St. N.W. Wash. D.C.17. Burial Date thereof 2/11/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory FairviewLocation Washington, D.C.18. Funeral director W.W. ChambersAddress 517 - 11th St. S.E.Washington D.C.19. 2/19 1948
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1948 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Death when first seen 1948and that I last saw him alive on 1948

Immediate cause of death

Coronary Thrombosis DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Julian J. LawrenceAddress Leonardtown, Md. Date signed 2/8/48



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Birth and Death

Reg. Dist. No. 281

01966

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County St. Marys
 City or town NAS, Patuxent River, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street address, hospital, or institution:
NAS, Dispensary, Patuxent River, Md.
 Length of mother's stay in County 8 Months
 (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State New York
 County Kings
 City or town Brooklyn N. Y.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6802 Ridge Blvd.
 (If RURAL give LOCATION)

3. Name of child Baby Boy CHOATE

4. Date of birth 9 Feb. 1948 Hour 6:46 P. M.

5. Sex M | 6. Twin or triplet -

7. No. of weeks pregnancy 40

FATHER OF CHILD

MOTHER OF CHILD

8. Full name Manton Billy CHOATE
 9. Color W 10. Age at time of this birth 27 yrs.
 11. Usual occupation U.S. Navy

12. Full maiden name Lorraine Elizabeth STOKER
 13. Color W 14. Age at time of this birth 23 yrs.
 15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? No During labor? No

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

18. Pregnancy, complications of None

(a) Fetal causes Atelectasis

19. Labor: (a) Complications of Persistent transverse (b) Induced? No

(b) Maternal causes Persistent transverse position - no rotation of head.

20. (a) Was there an operation for delivery? Yes (Yes or No)

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

(b) State all operations, if any
Version and extraction.

Signature W.S. WRAY, CDE MC USN
 (Specify if M. D., midwife, or other)

(c) Did child die before operation? No
 During operation? No

Address Naval Air Station, Patuxent River, Md

23. (a) (b) Date thereof
 (Burial, cremation or removal) (month) (day) (year)

25. (a) 2-12-48 (b) pg Blaney M.D.
 (Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory

26. (To be filled out if no physician was present at delivery.)
 The above certificate has been examined by me.

24. (a) Funeral director
 (b) Address

Health Officer, per.....

* See Instruction C on stub.

Baby lived 37 minutes

V. S. A10

RECEIVED
MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01967

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary'sCity or town St. Mary's City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town St. Mary's City
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Missie Eulalia Jarboe

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Clyde Jarboe

7. Birth date of

deceased (mo., day, yr.)

4-19-18826.(c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

6510-

hrs.

min.

9. Birthplace

Great Mills, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Thomas Furhagen

13. Birthplace

Maryland

14. Maiden name

Victoria Turner

15. Birthplace

Maryland

16. Informant

Clyde Jarboe

Address

St. Mary's City

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Burial2-21-48

Cemetery or crematory

Holy Face

Location

Great Mills, Md.

18. Funeral director

P.B. Robinson

Address

Lionardtown, Md.

19.

(Date rec'd by registrar)

2-19-1948P.J. Beary, Md.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19, 1948 at 2:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1938 to February 19, 1948and that I last saw him alive on February, 1948

Immediate cause of death

Coronary Heart Disease

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P.J. Beary, Md.

M. D. or other

Address Great Mills, Md. Date signed 2-19-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01968

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 years
 Hospital, institution, or street address where death occurred: St. Mary's Hospital
Leonardtown
 How long in hospital or institution? 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Wilmor L Matthews

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Frances Large

7. Birth date of deceased (mo., day, yr.) May 25-1890

8. AGE: Years 57 Months 8 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Great Mills & Mary Maryland
 (Town, county, and state)

10. Usual occupation Sanitch & Repair operator

11. Industry or business

12. Name William Matthews

13. Birthplace St Marys Co

14. Maiden name Olivia Wible

15. Birthplace St Marys Co

16. Informant Charles Matthews

Address Leonardtown Maryland

17. Burial Date thereof Feb 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Alphonsus Cemetery

Location Leonardtown Maryland

18. Funeral director W. C. Mattingley Sons

Address Leonardtown Maryland

19. 2/3 48 Actual
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1948 at 12:33 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 26 1948 to Feb. 2 1948

and that I last saw him alive on Feb. 2 1948

Immediate cause of death Uraemia

Due to Purria

Other conditions Staphylococci

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

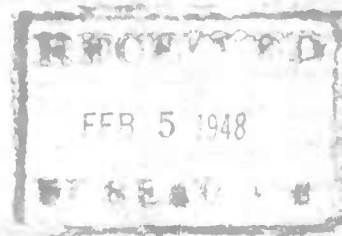
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William L. Andrews

Address Leonardtown Md Date signed 2/2/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01969

Reg. Dist. No. 212

1. PLACE OF DEATH:

County St. Mary's
City or town Callaway Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town Callaway
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Louis Jackson Medley
4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Jan 10 - 1900

8. AGE: Years 48 Months 1 Days 18 hrs. min.

9. Birthplace Leonardtown St. Mary's Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name William H. Medley

13. Birthplace St. Mary's Co

14. Maiden name Ida C. Hedman

15. Birthplace St. Mary's Co

16. Informant Clarence Haddard

Address Leonardtown Maryland

17. burial Date thereof March 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Valley Lee Maryland

18. Funeral director W. C. Matthews Sons

Address Leonardtown Maryland

19. 3/1 48 Callaway's
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 19 48 at 3:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen 19 48

and that I last saw him alive on 19

Immediate cause of death

Fracture of mandible immediate

Due to fracture of mandible mediate

Due to odontoid

Trauma

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Fracture of mandible elongated

Autopsy results Fracture of mandible elongated

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/28/48

Where did injury occur? Callaway St. Mary's Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury auto accident Injured at work? no

23. SIGNATURE John L. Saward M. D. or other

Address Leonardtown Md. Date signed 2/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01970
282

1. PLACE OF DEATH:

County St. Marys Co near Clements

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. MarysCity or town Clements (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Edward Queen

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male colored Single

6.(b) Name of husband or wife

Sept 11 - 1928

7. Birth date of deceased (mo., day, yr.) 6.(c) If alive, give age years

8. AGE: Years 18 Months 4 Days 29 If less than one day hrs. min.9. Birthplace St. Marys Co. Md. (Town, county, and state)10. Usual occupation help on farm

11. Industry or business

12. Name John Queen13. Birthplace Charles Co. Md.14. Maiden name Effie Sommerville15. Birthplace St. Marys Co Md.16. Informant Mother - Effie QueenAddress Clements -17. Burial Date thereof 2-12-48 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JosephsLocation Maryland18. Funeral director ChaplinAddress 21019. (Date rec'd by registrar) 19 48 Registrar Amalia

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 9 19 48 at 11:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen to seen 19

and that I last saw him alive on 19

Immediate cause of death gun shot wound of head DURATION immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

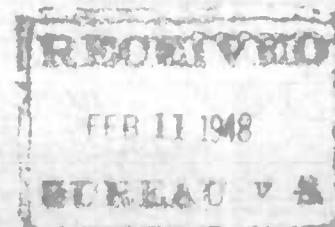
Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 2/10/48Where did injury occur? Clements St. Marys Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury shot gun Injured at work? no23. SIGNATURE Julian I. Lane M.D. M. D. or otherAddress Lensetown, Md. Date signed 2/10/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correctly. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01971

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Mary's
 City or town Leonardtown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1/2 hour
 Hospital, institution, or street address where death occurred: Mary's Hospital
Leonardtown, Maryland
 How long in hospital or institution? 1/2 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Infant

8. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb 7 - 1948
 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day 1/2 hr. min.

9. Birthplace Leonardtown, St Mary's, Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Jarrett Speith13. Birthplace Papineau Ohio14. Maiden name Catherine Anna Wachen15. Birthplace St Mary's Co16. Informant Jarrett SpeithAddress Leonardtown Maryland17. Burial Date thereof Feb 9 - 1948

(Burial, cremation, or removal, Which) (month) (day) (year)

Cemetery or crematory St Joseph's CemeteryLocation Leonardtown Md18. Funeral director W. C. Halliday & SonAddress Leonardtown MarylandFeb 18 19 48

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 19 48 at 5:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Due to Prematurity

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

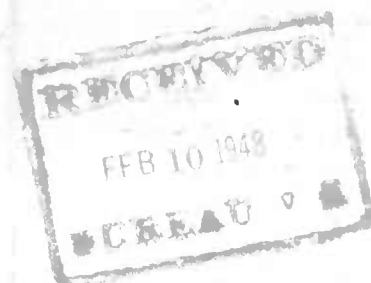
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert T. Fuchs, M.D.

M. D. or other _____

Address Leonardtown, Md. Date signed 2/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01972

Reg. Dist. No. 22

1. PLACE OF DEATH:

County St. Mary's
 City or town Bush Wood, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
Bush Wood Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Bush Wood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William Walter Stewart

3. (b) Social Security Number

4. Sex MALE 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Blanche E. Stewart

7. Birth date of deceased (mo., day, yr.) Nov 21 - 1857 6.(c) If alive, give age _____ years

8. AGE: Years 90 Months 2 Days 29 It less than one day _____ hrs. _____ min.

9. Birthplace Cincinnati, Ohio
 (Town, county, and state)

10. Usual occupation Retiree

11. Industry or business _____

12. Name Robert Stewart

13. Birthplace Limerick Ireland

14. Maiden name Mary Stewart

15. Birthplace Wilmington PA

16. Informant Stewart Labat

Address Bush Wood Maryland

17. Burial Date thereof Feb 22-1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Mary's

Location Patuxent Maryland

18. Funeral director W. C. Matherly Son

Address Leonardtown Maryland

19. 2/19 48 Cannale
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1948 at 11:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3 1948 to Feb. 17 1948 and that I last saw him alive on Feb. 3 1948

Immediate cause of death _____ DURATION _____

Chronic Endocarditis

Due to _____

Due to _____

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank A. Cannale

Address Leonardtown Date signed 2/19/48

RECEIVED

FEB 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of year of birth is shown on

Evidence for change
of year of birth is shown on

ADM No. G 114 MAR 2 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's
City or town Pineak, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's
City or town Pineak, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jennie Young

3. (b) Social Security Number

4. Sex F 5. Color or race wh 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife John Young

7. Birth date of deceased (mo., day, yr.) 1-15-1876 6. (c) If alive, give age _____ years

8. AGE: Years 72 Months 1 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace unfam. ind
(Town, county, and state)

10. Usual occupation unfam. ind

11. Industry or business

12. Name Peter Holt

13. Birthplace Chaplin, Md.

14. Maiden name Elizabeth Barber

15. Birthplace Chaplin, Md.

16. Informant Ray Young

Address 216 S. 31st St.

17. Burial Date thereof 2-23-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenwood

Location Baltimore

18. Funeral director M. C. Maitland

Address Lanarth, Md.

19. 2-20-1948 R. V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20-1948 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-26-1947 to 2-20-1948

and that I last saw him alive on 2-16-1948

Immediate cause of death Cerebral

apoplexy

Due to previous attack

Other conditions Plum

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer

M. D. or other

Address Greenwood Date signed 2-20-48

RECEIVED

FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01974 282

1. PLACE OF DEATH:

County H. MarysCity or town Helen Mural -
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County H. MarysCity or town Helen. Mural -
(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

4. Sex Female5. Color or race Negro6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Carroll Young7. Birth date of deceased (mo., day, yr.) Dec 21 18708.(c) If alive, give age 77 years8. AGE: Years 72 Months 1 Days 24 If less than one dayhrs. 2 min.9. Birthplace near Chaffee

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Calvert Briscoe13. Birthplace Maryland14. Maiden name Lucretia J.15. Birthplace Maryland16. Informant Mrs. Rebecca StearnsAddress 11426 Hopkiss St. B. H. - Wash.17. Burial Date thereof Feb - 14 - 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory H. JosephLocation Maryland - Md.18. Funeral director J. C. Mattingly SonsAddress Reynolds - Md.19. 2/13/48 19 48 Carroll

(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 19 48 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 47 to Feb. 12 19 48and that I last saw him Feb. 12 19 48

Immediate cause of death

DURATION

Coronary Arterio SclerosisDue to Chronic Hypertension 3 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J. B. Johnson

M. D. or other

Address Maryland, Md. Date signed 2-13-48

